


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90324 019 \*\*\*150.00

<b>DOCUMENT # F93000005262</b>	
1. Entity Name ROSE '93 CORP.	

Principal Place of Business 4710 EISENHOWER BLVD., SUITE C-1 TAMPA, FL 33634-6334	Mailing Address 4710 EISENHOWER BLVD., SUITE C-1 TAMPA, FL 33634-6334
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

14000732

04072005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0454786	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ABRAMS, ALLAN 4710 EISENHOWER BLVD SUITE C-1 TAMPA, FL 33634-6334		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC SHAPIRO, JAMES J. 4710 EISENHOWER BLVD., C-1 TAMPA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCT ABRAMS, ALLAN 4710 EISENHOWER BLVD. TAMPA, FL 33634 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STE C-1 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABRAMS, ELAINE 4710 EISENHOWER BLVD. TAMPA, FL 33634 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STE C-1 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNISPEL, ISABEL 4710 EISENHOWER BLVD. TAMPA, FL 33634 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STE C-1 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOOVER, KRISTOPHER M 4710 EISENHOWER BLVD, STE C-1 TAMPA, FL 33634 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: KRISTOPHER M. HOOVER 4/14/05 813-889-8855

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #